

# **The Reservoir High School**

**2011-2012**

## **Music Department**

### **Useful Forms**





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## **I. FORMS**

The following pages contain several forms that will be useful during the course of the school year.

In order to keep the handbook intact, copies are provided to you as a separate handout. Additional copies are available on the RHS Music Booster website:

**<http://rhsmusic.wikispaces.com/Forms>.**



## VOLUNTEER FORM

<b>Fund Raising Activities</b>		Chaperones		Concert Program	
Advertising/Patron Ads		MB Banquet		Concert Recording	
		MB Camp Dinners		Sewing (flags, costumes)	
Car Wash		MB Camp Prep		Uniforms - Concert attire	
Coffee Fundraiser		MB Pit Crew			
Dinner Raffle		MB Ticket Sales		Uniforms - Madrigals	
Fruit Sales		Sewing (flags, costumes)		<b>General Booster</b>	
March-a-thon		Uniforms - MB uniforms		Alumni Relations	
MB Spaghetti Dinner		<b>Concert/Performance</b>		Budget Committee	
Musical Madness 5K		Awards Night Banquet		Music CD Production	
Pizza & Pretzel Sales		Baking/Cooking		Handbook	
Pizza Thursdays		Chaperones		Nominating Committee	
Pops Concert		Concert Concessions		Public Relations/Comm.	
Sub Sales		Concert Ticket Sales		Scholarship Committee	
Ways & Means Committee		Concert Stage Setup		Spirit Wear	
<b>Marching Band Support</b>		Concert Stage Decoration		Volunteers (general)	
Baking/Cooking				Webmaster	

Please indicate the general areas you would be interested in supporting by checking the boxes. We will use these to send out emails when support is needed in those areas for an upcoming event. Feel free to indicate any specific areas where you have particular interest and someone will contact you. If you are interested in being a committee chairperson or co-chairperson please contact one of the board members or volunteer coordinator directly.

**Remember – strong parent support maintains this program!**

Name: \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_

\_\_\_\_\_ Yes, add my email address to the RHS Music group to receive event information.

Email (please print legibly): \_\_\_\_\_

**PATRON ADS**

Your generous support of the RHS Music Department through the Patron Program will help with expenses such as concert attire, scholarships, and student recognition.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## RESERVOIR HIGH SCHOOL MUSIC DEPARTMENT

**PATRON FORM**

Please enroll me in the patron club level checked below:

<input type="checkbox"/>	<b>\$100</b>	<b>WHOLE NOTE CLUB</b> As a member of the Whole Note Club, you will receive 4 tickets to each night of the Winter and Spring concerts, and will have your name listed in the concert programs with a short message of your choosing.
<input type="checkbox"/>	<b>\$50</b>	<b>HALF NOTE CLUB</b> As a member of the Half Note Club, you will receive 2 tickets to each night of the Winter and Spring concerts, and will have your name listed in the concert programs with a short message of your choosing.
<input type="checkbox"/>	<b>\$25</b>	<b>QUARTER NOTE CLUB</b> As a member of the Quarter Note Club, you will receive 1 ticket to each night of the Winter and Spring concerts, and will have your name listed in the concert programs with a short message of your choosing.
<input type="checkbox"/>	<b>\$10</b>	<b>Student Supporter</b> As a student supporter, you will receive 1 student ticket to each night of the Winter and Spring concerts, and will have your name listed in the concert programs with a short message of your choosing. (Note: limited to students K-12)

Make checks payable to RHS Music Boosters

Your message to appear in the program:



## **RHS Grocery Card Program**

### **What is the Grocery Card Program?**

The Grocery Card Program is a Music Department Fundraiser which is open to all students in a music program at Reservoir HS (Marching/Symphonic Band, Concert Band, Color Guard, Concert Choir, Women and Men's Ensembles, Madrigals, Orchestra, Jazz Band and Indoor Drum Line). Participation is a relatively painless way to earn money for your Student's Account as well as the General Music Fund.

**\$100 Grocery Cards** are purchased at a discount from the following stores: Weis Markets, Giant Food, Bloom/Food Lion/Bottom Dollar, and Shoppers Food. When you purchase the gift cards, **3 percent** of your purchase is credited to your Student's Account and 2 percent is credited to the General Music Fund. Unfortunately, we cannot offer gift cards for Harris Teeter or Safeway as they do not offer us the **5%** discount.

Gift cards are used the same as a debit card. You slide the card at the point-of-sale terminal, and press the "Gift" button. Your receipt shows the amount used and the remaining balance. There is no effect on your bonus card points or discounts. You get the full face value of the cards when you shop.

### **Earn while you eat!**

If your family spends \$100 a week on groceries, year-round participation in the grocery card program will add \$156 to your student's trip account. \$500 monthly earns \$180. Make purchases weekly, bi-weekly, monthly, or at any interval that is convenient for you. In the current economy, 3 percent is a good return on your money, and everyone buys groceries. Be creative and add money to your student's trip fund when you use your grocery cards to purchase other gift cards available at the store. Grocery Cards can also be used at the store pharmacy. Cards can be purchased year round, which is an easy way to keep building up your Student's trip account over the summer.

### **How to Purchase the Grocery Cards?**

During the school year and over the summer contact Laura Kane at 301-490-7169, send a text to 240-271-9167 or by e-mail at [lbkane14@gmail.com](mailto:lbkane14@gmail.com) to order and arrange for pick-up of your grocery cards. Include the following information: Grocery store, number of \$100 cards and your contact info. Until the program is established, please plan ahead and send all orders to me by Sunday evening for pick-up by Friday of that week. After the program is underway, we will have



cards available for immediate pick-up. Grocery Cards can be picked up at my house [9528 Glen Ridge Drive, Laurel – which is off of Whiskey Bottom Rd.] or other arrangements can be made. My husband, Kerry and I are at Reservoir several times a week and can always meet parents then.

1. Make the check payable to RHS Music Boosters
2. Indicate the name of the Student to benefit and the organization to which he/she belongs.
3. Indicate the store(s), card amounts and denominations you wish to purchase. For example, a check in the amount of \$500 might be divided \$400 (for Giant Food) and \$100 (for Weis Markets). [\$100 grocery cards will always be available. Please see below for ordering other denominations.
4. Bounced Checks will incur all bank fees charged to the Music Boosters. Cash will be necessary for any future purchases of gift cards.



**Grocery Card Order Form**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone No. \_\_\_\_\_ e-mail \_\_\_\_\_

Student's Name & Music Club \_\_\_\_\_

Grocery Store & No. of \$100 Cards \_\_\_\_\_

(Weis Markets, Giant Foods, Bloom/Food Lion/Bottom Dollar, or Shoppers Food)

Make checks payable to: RHS Music Boosters.

You do not need this form to order, just include the above information when ordering





# FRUIT ORDER FORM

## Reservoir High School Music Boosters Fruit Sale NOVEMBER 2010-11

Complete and return this form  
for the month of NOVEMBER  
by the order due date. Make  
note of your pick up date/time.

Month	Fruit Sale Start Date	Order Due Date	Delivery Date
November-10	Oct. 11	Oct. 27	Nov. 13
* Pick-up time is 12:00PM - 2:00PM *			

June Pompei - 301-275-3102  
11550 Scaggsville Road  
Fulton, MD 20759

Checks payable to: RHS Music Boosters

November 2010 Fruit Order Form					Customer Information	
Type of Fruit	4/5 Bushel (large)		2/5 Bushel (small)		Name:	
	Price	Qty	Total \$	Price	Qty	Total \$
Grapefruit	\$25.00			\$16.00		
Navel Oranges	\$25.00			\$16.00		
Tangerines				\$23.00		
Variety Pack				\$23.00		
sub-total	large			small		
Total Amount:						
Student Salesperson/Phone:						
						<input type="checkbox"/> Student to pick up fruit
						<input type="checkbox"/> Customer to pick up fruit

FRUIT ORDER FORMS WITH CURRENT PRICES WILL BE ON THE RHS MUSIC WEBSITE  
THERE WILL BE ADDITIONAL FRUIT DELIVERIES ON DEC. 18TH & JAN. 22ND.  
PLEASE USE THE APPROPRIATE FORM FOR EACH MONTH.  
E-MAIL: GIUNELLA@AOL.COM for questions  
NO E-MAIL ORDERS.



## MEDICAL FORMS

If your student will be attending the Music Department's Spring Trip, the EMERGENCY PROCEDURE/HEALTH INFORMATION form must be completed. Please be sure to affix a copy of your insurance cards (front and back) to the bottom of this form.

The form is designed to be reviewed and updated during your student's tenure in the RHS Music Department.

If your student requires ANY medication during the Spring Trip, the Medication Form must also be completed and **SIGNED BY A PHYSICIAN**. This form is required for **all prescription medications and over-the-counter (OTC) medications**. OTC medications are optional but are highly recommended for the common ailments of pain, such as headache or cramps; mild allergic reactions, such as hay fever or sinusitis; and stomach upset or motion sickness.



# Reservoir High School Music

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## RESERVOIR HIGH SCHOOL MUSIC DEPARTMENT EMERGENCY PROCEDURE/HEALTH INFORMATION

<b>STUDENT INFORMATION</b>	
Name: _____ Birth Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> M <input type="checkbox"/> F <input type="checkbox"/>	
Address: _____ Home Phone: (    ) - _____	
City: _____, MD Zip: _____ Cell Phone: (    ) - _____	
e-Mail: _____ Expected Year of Graduation: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>MOTHER/GUARDIAN</b> Use info above: <input type="checkbox"/>	<b>FATHER/GUARDIAN</b> Use info above: <input type="checkbox"/>
Name: _____	Name: _____
Address: _____	Address: _____
City: _____, MD Zip: _____	City: _____, MD Zip: _____
Home Phone: (    ) - _____	Home Phone: (    ) - _____
Cell Phone: (    ) - _____	Cell Phone: (    ) - _____
e-Mail: _____	e-Mail: _____
IN EVENT OF MEDICAL URGENCY, PARENTS WILL BE NOTIFIED FIRST. EMERGENCIES WILL BE TAKEN TO THE CLOSEST HOSPITAL. PARENTS WILL BE CONTACTED AS SOON AS POSSIBLE. PLEASE PROVIDE AN ADDITIONAL CONTACT	
Relative/Other Party: _____ Contact Phone: (    ) - _____	
<b>HEALTH INFORMATION (You may discuss the contents of this form with the Trip Nurse.)</b>	
<b>HEALTH CONDITIONS/RECENT OPERATIONS, if any</b>	<b>HANDICAPPING CONDITIONS/LIMITATIONS, if any</b>
<b>ALLERGIES?</b> Y / N (If yes, please describe symptoms/reaction)	<b>MEDICATIONS (Prescription OR OTC)?</b> Y / N If prescription or over-the-counter medications are to be taken, a WRITTEN ORDER from your physician is required on the MEDICATION FORM. This is a separate form.
<b>DIETARY RESTRICTIONS?</b> Y / N (please describe)	<b>OTHER COMMENTS / INFORMATION</b>
<b>PHYSICIAN CONTACT INFO</b>	
Name: _____ Office Phone: (    ) - _____	
PERMISSION IS GRANTED FOR TREATMENT OF THE ABOVE-NAMED STUDENT BY A PHYSICIAN AND/OR HOSPITAL FOR ANY MEDICAL EMERGENCY. EVERY EFFORT WILL BE MADE TO CONTACT THE PARENT/GUARDIAN AS SOON AS POSSIBLE.	
Signature: _____	Origin Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Signature: _____	Review Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Signature: _____	Review Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Signature: _____	Review Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
THE INFORMATION PROVIDED WILL BE HELD IN CONFIDENCE BUT MAY BE SHARED WITH STAFF TO MAINTAIN STUDENT SAFETY	
<b>AFFIX COPY OF INSURANCE CARD - FRONT</b>	<b>AFFIX COPY OF INSURANCE CARD - BACK</b>



# Reservoir High School Music

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CONFIDENTIAL

## Reservoir High School Music Department Annual Spring Trip Medication Form

USE THIS FORM FOR ALL MEDICATIONS (prescription or over-the-counter)

Student Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Date of Birth:       Grade:

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_, MD

Phone:

Enter ALL medications whether prescription (Rx) or over-the-counter (OTC). Use key below for entries.

Medication	Rx or OTC	Dose	Frequency	Route	Indication(s) also "X" if As Needed
	<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>
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	<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>

Medication: note name and whether prescription (Rx) or over-the-counter (OTC).

Dose should be with units such as 500 mg or 30 ml rather than "Take 1"

Frequency should be listed as "every 8 hours" or "once in the morning". Do not use abbreviations such as "q8h" or "qAM".

Route: spell out, such as orally, topically, injection

FOR OTC MEDICATIONS "ACCORDING TO LABEL" is perfectly acceptable.

Indications: note for what symptoms the medication is to be given - headache, pain, stomach ache, mild allergic reaction, ADHD, low blood sugar, etc.

Physician Signature: \_\_\_\_\_

Date:

Parent Signature: \_\_\_\_\_

Date:

Emergency Phone:

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**Music Booster Treasurers' Student Data Form**

In order to receive up to date information about your student account balance, please fill out the following form and have your student return it to the music drop box. My goal is to be able to email parents the statement of their student's account before the Spring Trip pledge night. Thank you!

Student's name: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

Groups that student participates in: (Please check all appropriate boxes)

☐ Marching Band/Symphonic Band      ☐ Concert Band      ☐ Percussion Ensemble

☐ Jazz Band      ☐ Orchestra      ☐ Madrigals      ☐ Men's Choir

☐ Women's Choir      ☐ Concert Choir      ☐ Indoor Drumline/Winter Guard

☐ Colorguard      ☐ Jazz Band

Information for person who is financially responsible for payments: (Please print legibly)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

What is the best way to contact you:      ☐ Email      or      ☐ Phone



## SENIOR VIDEO FORM

Parents of Music Department Seniors:

Each year we prepare a video featuring numerous photos from various activities throughout the year and our graduating seniors. The video is presented during the Awards Banquet. We need **your help** by providing photographs of your student from his/her childhood in addition to your student's **SENIOR PORTRAIT** or a **recent photograph**. Complete the form below and include your photographs and portrait by **MARCH 31st of this year**. Materials submitted after this deadline might not be included. Answers to this form and your images (.jpg or .tiff format is best) can also be emailed to [rhsmusicvideo@yahoo.com](mailto:rhsmusicvideo@yahoo.com). Or submit this completed form and your photographs/portrait to Mr. Dubbs. Any photo submitted will be scanned and promptly returned. **Please remember to complete the form below by PRINTING clearly. Illegible words might change what you intend to say.**

Student Name: _____		Birthdate: ____/____/19____	
Street Address: _____		eMail: _____@_____	
City/ZIP: _____, MD _____		<b>PLEASE PRINT ALL RESPONSES!! !!!</b>	
Performing groups (Circle all that apply):			
Symphonic Band/Marching Band		Concert Band	
Jazz Band		Concert Choir	
Madrigals		Women's Ensemble/Choir	
Men's Ensemble/Choir		Orchestra	
Colorguard		Pit Band	
Schools you attended:		City, State	
Nursery School - - - - -		_____	
Elementary School - - - - -		_____	
Middle School - - - - -		_____	
High School - - - - -		_____	
Most Memorable High School Moment:			
Words of Wisdom:			
Future Plans			
School most likely to attend: _____			
Intended major: _____			
Where do you see yourself in 10 years?			



## II. CALENDAR

The calendar is updated on the RHS Music Boosters website at <http://rhsmusic.wikispaces.com>